

**FLORIDA DEPARTMENT OF STATE    DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Daive Sports PAc, LLC  
 Name  
 (2) 4301 SW 105 Ave  
 Address (number and street)  
Daive FL 33328  
 City, State, Zip Code

OFFICE USE ONLY

RCVD FEB 18 '10

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

☐ Candidate (office sought): \_\_\_\_\_

☒ Political Committee

☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence

☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 1/30/10 To 2/12/10 Report Type G3

☒ Original    ☐ Amendment    ☐ Special Election Report    ☐ Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ 350.00

Loans    \$ \_\_\_\_\_

Total Monetary    \$ \_\_\_\_\_

In-Kind    \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 336.75

Transfers to Office Account    \$ \_\_\_\_\_

Total Monetary    \$ \_\_\_\_\_

(8) Other Distributions    \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
\$ 765.00

(10) TOTAL Monetary Expenditures To Date  
\$ 689.75

**(11) CERTIFICATION**

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☐ Individual (only for electioneering commun.)    ☒ Treasurer    ☐ Deputy Treasurer

Michael H. Bartlett  
 Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☐ Candidate    ☒ Chairperson (only for PC, PTY & electioneering commun. organization)

Michael H. Bartlett  
 Signature

**(1) Name**

**(2) I.D. Number**

**(3) Cover Period**

**(4) Page**

of /

DS-DE 13 (Rev. 08/03)

**SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES**

# CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Daute Sports PAC LLC

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 1/30/10 through 2/12/10

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
01/01/11	Earthplace P.O. Box 550193 Ft. Lauderdale FL 33355	website hosting renewal	MON		198.00
01/01/12	Florida Dept. of State Div. of Corporations PO Box 6198 Tallahassee FL 32314	annual report payment	MON		138.75
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					